

UNITED STATES DISTRICT COURT

District of

RECEIVED

DUNCAN T. MUELLER

Plaintiff

NOV 28 2004

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

2:05 CV 587-F

UNITED STATES

CLERK
U.S. DISTRICT COURT
MIDDLE DIST. OF ALA.

CASE NUMBER:

Defendant

I, DUNCAN T. MUELLER declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant/respondent ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration SPRINGS CO. JAIL

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. (List both gross and net salary.)

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

SSA DISABLED SINCE 10/00

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

SSA \$300/MO.
SUSPENDED
WHILE UNLAWFULLY
INCARCERATED

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

PLC 607 20 7 OF 22

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. (If children are dependents, please refer to them by their initials)

D.T. McNEIL, SON, 15
PAIGE McNEIL, DAUGHTER, 10

± \$85/mo.
PAID BY SSA
EXCEPT WHILE
UNLAWFULLY
INCARCERATED

I declare under penalty of perjury that the above information is true and correct.

11/15/05

[Signature]

Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

ORDER OF THE COURT

The application is hereby denied.

The application is hereby granted. Let the applicant proceed without prepayment of costs or fees or the necessity of giving security thereof.

United States Judge

Date

United States Judge

Date

Plb [Signature] 20 ECF 22

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ~~_____~~

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

Re: MCNEIL v. UNITED STATES

Civil Action No. _____


I, DUNCAN J. MCNEIL # CWT#293752, hereby consent for the appropriate prison official to withhold from my prison account and to pay the U.S. District Court an initial fee of 20 percent of the greater of:

- (a) the average monthly deposits to my account for the six-month period immediately preceding the filing of my complaint; or
- (b) the average monthly balance in my account for the six-month period immediately preceding the filing of my complaint.

I further consent for the appropriate prison officials to collect from my account on a continuing basis each month, an amount equal to 20 percent of each month's income. Each time the amount in the account reaches \$10, the Trust Officer shall forward the interim payment to the Clerk's Office, U.S. District Court, until such time as the \$250.00 filing fee is paid in full.

If appropriate, I will execute the institution consent form where I am housed, which will permit the staff to withdraw the amount ordered by this court as payment for the filing fee each month until the \$250.00 filing fee is paid in full.

By executing this document, I also authorize collection, on a continuing basis, any costs imposed by the District Court.



Signature of Plaintiff

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Pg. ~~80720~~

Resident Account Summary
Friday, October 07, 2005 @08:53

For IDENT Number: 293752 MCNEIL, DUNCAN J

Date	Transaction Description	Amount	Balance	Owed	Held	Reference
10/06/2005	MEDICAL MD 10/5/05	12.00	0.00	760.70	0.00	
10/05/2005	INP OID:100062459-ComisaryPur	3.70	0.00	748.70	0.00	
09/28/2005	INP OID:100061989-ComisaryPur	3.70	0.00	745.00	0.00	
09/21/2005	INP OID:100061533-ComisaryPur	3.70	0.00	741.30	0.00	
09/14/2005	INP OID:100061076-ComisaryPur	3.70	0.00	737.60	0.00	
09/07/2005	INP OID:100060642-ComisaryPur	3.70	0.00	733.90	0.00	
08/31/2005	INP OID:100060204-ComisaryPur	3.70	0.00	730.20	0.00	
08/24/2005	INP OID:100059749-ComisaryPur	3.70	0.00	726.50	0.00	
08/17/2005	INP OID:100059278-ComisaryPur	3.70	0.00	722.80	0.00	
08/10/2005	INP OID:100058810-ComisaryPur	3.70	0.00	719.10	0.00	
08/03/2005	INP OID:100058235-ComisaryPur	3.70	0.00	715.40	0.00	
07/27/2005	INP OID:100057872-ComisaryPur	3.70	0.00	711.70	0.00	
07/20/2005	INP OID:100057425-ComisaryPur	3.40	0.00	708.00	0.00	
07/13/2005	INP OID:100056938-ComisaryPur	3.35	0.00	704.60	0.00	
07/07/2005	<INP> OID:100056507-ComisaryRef	-0.15	0.00	701.25	0.00	
07/07/2005	INF OID:100056507-ComisaryRef	0.15	0.15	701.40	0.00	
07/06/2005	INP OID:100056507-ComisaryPur	3.50	0.00	701.40	0.00	
06/29/2005	MEDICAL RX MAY	24.00	0.00	697.90	0.00	
06/29/2005	INP OID:100056040-ComisaryPur	3.50	0.00	673.90	0.00	
06/20/2005	INP OID:100055342-ComisaryPur	3.50	0.00	670.40	0.00	
06/13/2005	INP OID:100054904-ComisaryPur	3.50	0.00	666.90	0.00	
06/06/2005	INP OID:100054462-ComisaryPur	3.50	0.00	663.40	0.00	
06/02/2005	MEDICAL RX APRIL	35.85	0.00	659.90	0.00	
06/02/2005	MEDICAL RX MARCH	40.70	0.00	624.05	0.00	
05/27/2005	INP OID:100054023-ComisaryPur	3.50	0.00	583.35	0.00	
05/20/2005	MEDICAL DENTAL 5/19/05	12.00	0.00	579.85	0.00	
05/18/2005	INP OID:100053331-ComisaryPur	3.50	0.00	567.85	0.00	
05/11/2005	INP OID:100052806-ComisaryPur	3.50	0.00	564.35	0.00	
05/04/2005	INP OID:100052439-ComisaryPur	3.70	0.00	560.85	0.00	
04/27/2005	INP OID:100052018-ComisaryPur	3.70	0.00	557.15	0.00	
04/20/2005	INP OID:100051599-ComisaryPur	3.70	0.00	553.45	0.00	
04/13/2005	INP OID:100051172-ComisaryPur	3.37	0.00	549.75	0.00	
04/06/2005	INP OID:100050768-ComisaryPur	3.70	0.00	546.38	0.00	
03/30/2005	INP OID:100050336-ComisaryPur	3.70	0.00	542.68	0.00	
03/23/2005	INP OID:100049966-ComisaryPur	3.54	0.00	538.98	0.00	
03/16/2005	MEDICAL DENTAL 3/15/05	12.00	0.00	535.44	0.00	
03/16/2005	MEDICAL MD 3/14/05	12.00	0.00	523.44	0.00	
03/14/2005	INP OID:100049080-ComisaryPur	3.54	0.00	511.44	0.00	
03/11/2005	MEDICAL RX FEB	47.45	0.00	507.90	0.00	
03/09/2005	BOOKIN CASH INITIAL DEPOSIT - REINSTA	0.00	0.00	460.45	0.00	
02/18/2005	MEDICAL RX JANUARY	6.00	0.00	460.45	0.00	
02/14/2005	INP OID:100047349-ComisaryPur	3.54	0.00	454.45	0.00	
02/07/2005	MEDICAL MD 2/7/05	12.00	0.00	450.91	0.00	
02/07/2005	INP OID:100046882-ComisaryPur	3.54	0.00	438.91	0.00	
01/31/2005	INP OID:100046399-ComisaryPur	3.54	0.00	435.37	0.00	
01/19/2005	MEDICAL RX DECEMBER	36.00	0.00	431.83	0.00	
12/20/2004	INP OID:100043439-ComisaryPur	3.51	0.00	395.83	0.00	
12/16/2004	MEDICAL RX NOVEMBER	12.00	0.00	392.32	0.00	
12/10/2004	INTAKE FEE MCNEIL, DUNCAN J	89.12	0.00	380.32	0.00	
12/10/2004	<INTAKE FEE Payment for INTAKE FEE on	-1.47	0.00	291.20	0.00	
12/10/2004	BOOKIN CASH INITIAL DEPOSIT	1.47	1.47	292.67	0.00	
11/19/2004	MEDICAL RX OCT	30.00	0.00	292.67	0.00	
11/08/2004	INP OID:100040537-ComisaryPu					
11/01/2004	INP OID:100039969-ComisaryPu					
10/25/2004	INP OID:100039555-ComisaryPu					
10/20/2004	BOOKIN CASH INITIAL DEPOSIT - REINST					
10/18/2004	INP OID:100039049-ComisaryPu					
10/13/2004	MEDICAL RX SEPTEMBER					

TO CERTIFY THAT THE ABOVE AND FOREGOING IS
A TRUE AND CORRECT COPY OF THE ORIGINAL WHICH IS
ON FILE AND RECORDED IN THE OFFICE OF THE
SPOKANE COUNTY JAIL, SPOKANE, WASHINGTON
DATED THIS 7th DAY OF Oct, 20 05

BY: Alonzo

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